Arlington High School Athletic Department

869 Massachusetts Avenue, Arlington, MA 02476-4701
Phone (781) 316-3550 Fax (781) 316-3558

Spy Ponders

TO: Arlington High School Parents and Athletes

FROM: Athletic Department

DATE: Spring, 2013

This is an information packet to help you prepare for the 2012-2013 athletic season.

MIAA Rules & Regulations Governing Athletics

56. Student Eligibility: Physical Education/Medical Coverage

56.1 All students must pass a physical examination within thirteen months of the start of each season. Students who meet this criteria at the start of the season will remain eligible for that season. Physical examinations must be performed by a duly registered Physician, Physician's Assistant or Nurse Practitioner:

PENALTY: A student in violation shall be suspended for the number of contests in which he/she participated without a proper physical.

PLEASE DO NOT MAIL
Physical/Parent Permission/or Concussion Forms
TO THE HIGH SCHOOL

The AHS School Nurses will be reviewing physicals and clearing students before try-outs on the day of the specific sport your child is trying out for. Students must bring the following forms with them:

- **A copy of their physical dated within the last 13 months**
  Students that have already turned in an up- to -date physical or are still eligible for sports from last season's physical will be on the Nurse's Clearance List
- **A completed Parent Permission form**
- **An annual completed Concussion form**
- **All forms are included in this packet**

ACTIVITY FEES BY SPORT

Fees will be announced on line during the summer months- Scholarship forms are in this packet.

Each student-athlete is required to pay an Athletic Fee in order to participate in athletics. For each season they participate, payment is required before uniforms are issued. Scholarships can be granted on a financial need basis.

MEMORANDUM

TO: Athletic Parent(s)/Guardian(s)

FROM: Athletic Department

SUBJECT: Requirements for Athletic Sign-Ups

On March 6th and 7th, 2013 the Athletic Department will be holding sign-ups for the spring season. Your child must bring the following to be considered for try-outs:

1. Completed Physical Form from Health Provider, must be dated on or after February 18, 2012
2. Completed Concussion Form
3. Completed Parent Permission Form
4. Completed Promissory Note (**ALL** students must have promissory note)
5. Payment of Athletic Fee or if applying for a scholarship (financial aid) you must have the completed grant form and the first two (2) pages of your 2012 Federal tax return (i.e. 1040EZ, 1040A or 1040). Also, tax returns MUST show student as a dependent.

The fee must be paid in full, or payment plan chosen before a student can tryout. If a student is not eligible to participate on a team, payments will be returned. No partial check payments will be accepted.

Please note that if unpaid athletic fees exist from prior seasons, they must also be paid in full before your child can try out for the spring season.

MASSACHUSETTS SCHOOL HEALTH RECORD
Health Care Provider's Examination

Name _____ ☐ Male ☐ Female Date of Birth:_____

Medical History _____

_____

Pertinent Family History

Current Health Issues

Y N

☐ ☐ Allergies: Please list: Medications _____ Food _____ Other _____
History of Anaphylaxis to _____ Epi-Pen®: ☐ Yes ☐ No

☐ ☐ Asthma: Asthma Action Plan ☐ Yes ☐ No (*Please attach*)

☐ ☐ Diabetes: ☐ Type I ☐ Type II

☐ ☐ Seizure disorder: _____

☐ ☐ Other (*Please specify*) _____

Current Medications (if relevant to the student's health and safety) *Please circle those administered in school; a separate medication order form is needed for each medication administered in school.*

Physical Examination **Date of Examination:**_____

Hgt: _____(_____%) Wgt:_____(_____%) BMI: _____(_____%) BP: _____

(Check = Normal / If abnormal, please describe.)

☐ General _____ ☐ Lungs _____ ☐ Extremities _____

☐ Skin _____ ☐ Heart _____ ☐ Neurologic _____

☐ HEENT _____ ☐ Abdomen _____ ☐ Other _____

☐ Dental/Oral _____ ☐ Genitalia _____

Screening:

	(Pass)	(Fail)		(Pass)	(Fail)		(Pass)	(Fail)
Vision: Right Eye	☐	☐	Hearing: Right Ear	☐	☐	Postural Screening:	☐	☐
Left Eye	☐	☐	Left Ear	☐	☐	(Scoliosis/Kyphosis/Lordosis)		
Stereopsis	☐	☐						

Laboratory Results: ☐ Lead _____ Date _____ ☐ Other_____

The entire examination was normal: ☐

Targeted TB Skin Testing: ☐ Med-to-High risk (exposure to TB; born, lived, travel to TB endemic countries; medical risk factors): Date of PPD: ____; Results: ____mm.

Referred for evaluation to: _____ ☐ Low risk (no PPD done)

This student has the following problems that may impact his/her educational experience:

☐ Vision ☐ Hearing ☐ Speech/Language ☐ Fine/Gross Motor Deficit

☐ Emotional/Social ☐ Behavior ☐ Other

Comments/Recommendations:_____

☐Y ☐ N **This student may participate fully in the school program, including physical education and competitive sports. If no, please list restrictions:**_____

☐ Y ☐ N **Immunizations are complete: If no, give reason: Please attach Massachusetts Immunization Information System Certificate or other complete immunization record**.

_____ _____

Signature of Examiner *Circle:* MD, DO, NP, PA *Please print name of Examiner*

.

_____ _____ Date_____

Group Practice Telephone

_____

Address City State Zip Code

Please attach additional information as needed for the health and safety of the student. MDPH 05/31/05

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STATE LAW REGARDING SPORTS-RELATED HEAD INJURY & CONCUSSIONS

The Commonwealth of Massachusetts Executive Office of Health and Human Services now requires that all schools subject to the Massachusetts Interscholastic Athletic Association (MIAA) rules adhere to the following law. Student-athletes and their parents, coaches, athletic directors, school nurses, and physicians must learn about the consequences of head injuries and concussions through training programs and written materials. The law requires that athletes and their parents inform their coaches about prior head injuries at the beginning of the season. If a student athlete becomes unconscious during a game or practice, the law now mandates taking the student out of play or practice, and requires written certification from a licensed medical professional for "return to play."

Parents and students who plan to participate in any athletic program at Arlington High School must also take a free on-line course. Two free online courses are available and contain all the information required by the law. The first is available through the National Federation of High School Coaches. You will need to click the "order here" button and complete a brief information form to register. At the end of the course, you will receive a completion receipt. The entire course, including registration, can be completed in less than 30 minutes. The course can be found at: http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000

The second on-line course is available through the Centers for Disease Control and Prevention at: www.cdc.gov/Concussion

Please sign below that you have read the above and completed one of the courses listed. In order to participate on any athletic team at Arlington High School this course must be completed annually. Thank you very much for your cooperation.

_____ _____
Parent/Guardian Date

_____ _____
Student Date

Arlington Public Schools

REQUIRED MEDICAL and PARENT PERMISSION FORM
INTERSCHOLASTIC ATHLETICS
2012-2013 SCHOOL YEAR

MIAA Rule 17 – *All students must pass a physical examination within thirteen months before participating in any sport…Any student who does not fulfill this requirement is considered ineligible. Contests in which the student participates in violation of this rule including* ***FORGED PHYSICAL EXAMINATION*** *must be forfeited.*

PARENT/GUARDIAN – Please answer the following questions and **SIGN RELEASE FORM**

Student's Name_____Sex M ( ) F( ) YOG_____ HR_____
Address_____ Town_____ ZIP_____
Birthdate_____Grade_____HomePhone ( )_____Emergency Phone ( )_____

Parent(s) Names_____(W)( ) _____ Cell( ) _____
Parent(s) E-mail _____
Family Physician's Name_____Tel. # ( ) _____
School attended last year_____

STUDENT HEALTH INFORMATION

1. **Previous Head Injury/Concussion YES ( ) Dates _____ NO ( )**
2. Food/Insect/Medication/ Allergies_____
3. Current medications_____
4. Eyeglasses/contacts/hearing aids other_____
5. Other concerns_____
   _____

If the Nurse/Trainer/Athletic Director determines that an injury or condition has occurred that requires a medical clearance a **RETURN TO PARTICIPATION** form must be completed by the physician.
I hereby give my permission for my son/daughter to participate in the **ARLINGTON HIGH SCHOOL ATHLETIC PROGRAM** for the school year of 2012-2013.

_____ _____
SIGNATURE OF PARENT **DATE**

ARLINGTON PUBLIC SCHOOLS

Promissory Note ~ Athletics SY 2012-2013

Promissory Note must be submitted before trying-out

Student Name: _____

Parent Name: _____

Address: _____

Phone: _____

E-mail: _____

I, _____, promise to pay Arlington Public Schools the applicable athletic fee for _____ (see attached payment schedule for each sport), in the amount of $_____. I would like to select the following payment option:

CHECK ONE:

	Season	3 Monthly Payments
❑ **Credit Card Payment in Full**	**$**	
❑ **Three Monthly Credit Card Payments**		**$**
❑ **Payment in Full via Check (check enclosed, payable to the Town of Arlington)**	**$**	

❑ **I have attached the completed Scholarship/Grant form, and required tax returns. Submitting a scholarship application does not guarantee a reduction in fees. Depending on income status, I may be responsible for 25%, 50% or 100% of the fee for my sport. If I am responsible for some payment, I will be contacted by the Business Office.**

Important: Failure to pay as agreed will result in non-participation.

Families must pay in full or have chosen the payment plan (noted above), in order for student's uniform to be released to them. I am submitting the required payment information; I understand if my child is not eligible to participate on a team I am not responsible for payment.

_____

Parent/Guardian Signature

Return to: **Arlington Public Schools/ Business Office**
P. O. Box 167
Arlington, MA 02476

(Complete payment authorization)

ARLINGTON ATHLETIC
PAYMENT FORM

I wish to pay for my child's athletic fee by:

- ❑ **Visa**
- ❑ **Master Card**
- ❑ **Check (payment in full only)**

CREDIT CARDS: I authorize that payments may be made as follows: (please check one)

- ❑ **One Lump Sum payment of $_____.**
- ❑ **Three (3) monthly payments of $- per payment schedule (+ $3.00 monthly processing fee)**
  (PAYMENTS ARE DUE ON THE 15 TH OF EACH MONTH and PAY DATES ARE:

  Fall: Payments due September, October, and November
  Winter: Payments due December, January, and February
  Spring: Payments due April, May, and June

Credit Card Account Number:

Expiration Date:

Name On Account: _____

Address: _____

Phone Number: _____

Signature: _____

Please List all High School Siblings (for tracking of Family Cap purposes)

_____ _____

_____ _____

(Complete promissory note)

	A	B	C	D	E	F	G	H	J
1	**Please Note: the following Athletic Fees**								
2	**A Family Cap instituted per the School Committee on December 14, 2010 will be applied as follows:**								
3	**Per Family $1,250.00**								
4									
5									
6	**SY 2012 - 2013 ATHLETIC FEES**								
7									
8	**Season**	**Sport**	**Full Fee**	**Monthly Pymt**	**Monthly Admin.Fee**	**Total Monthly**	**3 Month Total**		
9	Fall	Cheering	100.00	33.33	3.00	36.33	109.00		
10	Fall	Cross Country	100.00	33.33	3.00	36.33	109.00		
11	Fall	Field Hockey	200.00	66.67	3.00	69.67	209.00		
12	Fall	Football	500.00	166.67	3.00	169.67	509.00		
13	Fall	Golf	300.00	100.00	3.00	103.00	309.00		
14	Fall	Soccer	250.00	83.33	3.00	86.33	259.00		
15	Fall	Volleyball	200.00	66.67	3.00	69.67	209.00		
16	Winter	Cheering	100.00	33.33	3.00	36.33	109.00		
17	Winter	Basketball	300.00	100.00	3.00	103.00	309.00		
18	Winter	Gymnastics	600.00	200.00	3.00	203.00	609.00		
19	Winter	Ice Hockey	700.00	233.33	3.00	236.33	709.00		
20	Winter	Indoor Track	200.00	66.67	3.00	69.67	209.00		
21	Winter	Swimming	300.00	100.00	3.00	103.00	309.00		
22	Winter	Wrestling	200.00	66.67	3.00	69.67	209.00		
23	Spring	Baseball	300.00	100.00	3.00	103.00	309.00		
24	Spring	Lacrosse	200.00	66.67	3.00	69.67	209.00		
25	Spring	Outdoor Track	200.00	66.67	3.00	69.67	209.00		
26	Spring	Softball	300.00	100.00	3.00	103.00	309.00		
27	Spring	Tennis	200.00	66.67	3.00	69.67	209.00		
28	Spring	Volleyball	200.00	66.67	3.00	69.67	209.00		

Sample

ARLINGTON PUBLIC SCHOOLS

Promissory Note ~ Athletics SY 2012-2013

Promissory Note must be submitted before trying-out

Student Name: John DEERE

Parent Name: Thomas DEERE

Address: 11 Apple St, Arlington, MA 02474

Phone: 555-555-5555

E-mail: TDEERE@—.com

I, Thomas DEERE **, promise to pay Arlington Public Schools the applicable athletic fee for** FOOTBALL **(see attached payment schedule for each sport), in the amount of $** 500.00 **. I would like to select the following payment option:**

CHECK ONE:

	Season	3 Monthly Payments
☐ **Credit Card Payment in Full**	$	
☑ **Three Monthly Credit Card Payments**		$ 169.67
☐ **Payment in Full via Check (check enclosed, payable to the Town of Arlington)**	$	

☐ **I have attached the completed Scholarship/Grant form, and required tax returns. Submitting a scholarship application does not guarantee a reduction in fees. Depending on income status, I may be responsible for 25%, 50% or 100% of the fee for my sport. If I am responsible for some payment, I will be contacted by the Business Office.**

Important: Failure to pay as agreed will result in non-participation.

Families must pay in full or have chosen the payment plan (noted above), in order for student's uniform to be released to them. I am submitting the required payment information; I understand if my child is not eligible to participate on a team I am not responsible for payment.

Thomas Deere

Parent/Guardian Signature

Return to: **Arlington Public Schools/ Business Office**
P. O. Box 167
Arlington, MA 02476

(Complete payment authorization)

Sample

SAMPLE

ARLINGTON ATHLETIC
PAYMENT FORM

I wish to pay for my child's athletic fee by:

- ☑ **Visa**
- ☐ **Master Card**
- ☐ **Check (payment in full only)**

CREDIT CARDS: I authorize that payments may be made as follows: (please check one)

- ☐ **One Lump Sum payment of $_____.**
- ☑ **Three (3) monthly payments of $- per payment schedule (+ $3.00 monthly processing fee) (PAYMENTS ARE DUE ON THE 15 TH OF EACH MONTH and PAY DATES ARE:**

  Fall: Payments due September, October, and November
  Winter: Payments due December, January, and February
  Spring: Payments due April, May, and June

Credit Card Account Number:

9999 – 9999 – 9999 – 9999

Expiration Date:

12/12

Name On Account: Thomas Deere

Address: 11 Apple St. Arlington, MA 02474

Phone Number: 555-555-5555

Signature: Thomas Deere

Please List all High School Siblings (for tracking of Family Cap purposes)

Joseph Deere

Carol Smith

(Complete promissory note)

Sample

FY 2012/2013 CDBG CLIENT BENEFICIARY FORM

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx PROGRAM

This program is supported by Community Development Block Grant (CDBG) funds from the Federal Department of Housing and Urban Development (HUD). Federal regulations require that we obtain the following information to document that assistance is being provided to low and moderate-income households. **This information is collected for statistical purposes only and is kept in strict confidence.** The Participant/Guardian should complete this form indicating all persons residing within their household, regardless of whether or not they are related. **Proof of Income is MANDATORY at the time of application.** Please attach a copy of your tax return. **Information submitted is subject to verification.**

PARTICIPANT STATUS: _____**FAMILY** _____**INDIVIDUAL** _____**Age(s) of Participant(s)**

(please print)
FIRST NAME: _____ **LAST NAME:** _____

STREET ADDRESS: _____ **CITY/STATE:** _____

TELEPHONE: _____

EMERGENCY CONTACT (NAME, ADDRESS, PHONE):_____

_____

HOUSEHOLD INFORMATION
(FY 2013 Median Family Income)

1. Total number of members in your household: _____

2. **Please check the category in which the combined gross annual income of your household falls:**

Household Size	#1 (0% - 30%)	#2 (31% - 50%)	#3 (51% - 80%)	#4 (81% and above)
1 →	_____$0-$19,850	___$19,851-33,050	___$33,051-47,150	___$47,151+
2 →	_____$0-$22,650	___$22,651-37,800	___$37,801-53,900	___$53,901+
3 →	_____$0-$25,500	___$25,501-42,500	___$42,501-60,650	___$60,651+
4 →	**_____$0-$28,300**	**___$28,301-47,200**	**___$47,201-67,350**	**___$67,351+**
5 →	_____$0-$30,600	___$30,601-51,000	___$51,001-72,750	___$72,751+
6 →	_____$0-$32,850	___$32,851-54,800	___$54,801-78,150	___$78,151+
7 →	_____$0-$35,100	___$35,101-58,550	___$58,551-83,550	___$83,551+
8 →	_____$0-$37,400	___$37,401-62,350	___$62,351-88,950	___$88,951+

3. RACE/ETHNICITY – each client is required to complete both the "Ethnicity" and the "Race" selections:

ETHNICITY *(please select one)*: _____ ***Hispanic or Latino***
_____ ***Not Hispanic or Latino***

RACE *(please select one)*:

____American Indian or Alaska Native
____American Indian/Alaska Native & Black/African American
____American Indian/Alaska Native & White
____Asian
____Asian/White
____Black or African American
____Black/African American & White
____Native Hawaiian or Other Pacific Islander
____White
____Other Multi-Racial *(not listed above)*

4. MISCELLANEOUS:

_____**Female Head of Household** _____**62 years of age or over**
_____**Person with disability**

I certify that the information I have provided on this form is true and accurate to the best of my knowledge.

_____ _____
Client Signature (original required) **Date**

A Message to Parents of Student-Athletes

The following is a list of general information issues that parents need to be aware of:

- **Level of commitment expected of student-athletes is high**.
  Practice sessions are held every weekday from 3:30 PM until 5:30 PM. Games are held two or three times per week. Sometimes, practices or games are held on weekends. In general, varsity and junior varsity teams require an additional level of commitment than freshman teams. However, even the freshman teams require a demanding schedule.

- **Practice sessions and games are held during school vacations**.
  Christmas/New Year Vacation – Every varsity, junior varsity and freshman teams practice and play games during this vacation. This is during the winter sports season.

  February Vacation – Only winter sports varsity teams and individuals involved in state tournaments and state/class events practice or play during the February vacation.

  April Vacation – All varsity, junior varsity and freshman teams practice and play games during this vacation. This is during the spring sports season.

- **It is imperative that student-athletes attend practice sessions**.
  Students who miss practice sessions will usually be penalized by having their playing time in games lessened. Student-athletes gain skills and knowledge of their chosen sport during practice sessions. Accordingly, the importance of practice participation cannot be diminished.

- **Academic responsibilities take priority over athletics**.
  Participating in high school athletics can be a very rewarding experience for students. But, working hard and striving for excellence in the classroom should be each students top priority. Accordingly, all students are allowed to arrive late or are excused from athletics for academic purposes.

- **School absences or school disciplines apply to athletics**.
  Any student who is absent from school cannot participate in athletics unless the Principal excuses the absence. In addition, all disciplinary actions taken by the school against a student directly applies to athletics.

The Athletic Dept. strongly discourages the use of any alcohol, tobacco, or drug use.

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MIAA Rule 62.1

From the earliest fall practice date, to the conclusion of the academic year or final athletic event (whichever is latest), a student shall not, regardless of the quantity, use, consume, possess, buy/sell, or give away any beverage containing alcohol; any tobacco product; marijuana; steroids; or any controlled substance.

PENALTIES

FIRST VIOLATION

Loss of 25% of all interscholastic contests in that sport.

SECOND & Subsequent Violations

Loss totaling 60% of all contests in that sport.

Spring Sign Ups

Wednesday March 6th

3:00	Softball
3:20	Baseball
4:00	Outdoor Track
4:30	Boys Lacrosse

Thursday March 7th

3:00	Girls Tennis
3:20	Girls Lacrosse
3:30	Boys Tennis
4:00	Boys Volleyball

Teachers' Café

Please make sure all students have updated physicals, permission slips, concussion certificates and athletic fee payment or completed scholarship forms.

SPORTS OFFERED AT ARLINGTON HIGH SCHOOL

FALL

BOYS
Cross Country
Football
Golf
Soccer

GIRLS
Cross Country
Field Hockey
Volleyball
Soccer
Cheering (Gray Squad – Football)

WINTER

BOYS
Basketball
Ice Hockey
Indoor Track
Swimming
Wrestling

GIRLS
Basketball
Ice Hockey
Indoor Track
Swimming
Gymnastics
Cheering (Gray Squad – Hockey)
Cheering (Maroon Squad – Basketball)

SPRING

BOYS
Baseball
Lacrosse
Tennis
Outdoor Track
Volleyball

GIRLS
Softball
Lacrosse
Tennis
Outdoor Track

Crew (Fall and Spring) is offered at Belmont High School where AHS Students can also participate
Go to arlingtonbelmontcrew.org for more information

CHEERLEADING TRYOUTS

Due to a statewide rule change, cheerleading tryouts for the fall squads took place this past spring. Cheerleading tryouts for our (2) winter squads will take place in November, 2012.

You may participate in only ONE sport per season.